



Nevada Department of Agriculture
Pest Control Licensing Section
350 Capital Hill Ave
Reno, Nevada 89502-2923

Telephone 775-688-1182 ● Fax 775-688-2936



AFFIDAVIT OF PEST CONTROL NON-OPERATION

To be Completed by the Primary Principal of the Company

Please Print or Type – complete section 1) or 2) below

Pest Control Company Name: _____

Physical Address: _____

City, State, Zip Code: _____

Telephone: _____ Fax: _____

1) Statement of Pest Control Non-Operation

The above described pest control business **was not** in operation from _____, 20____ to _____, 20____ due to:

☐ Seasonal circumstances

☐ Holiday shut down

☐ Other (describe): _____

I have read this document and understand that the above statement is subject to audit by the Nevada Department of Agriculture to verify the non-operation of this company during the period indicated above. I declare under penalty of perjury that the foregoing is true and correct.

Signature of Primary Principal

Date

2) Statement of Operation

The above described pest control business **was** in operation from _____, 20____ to _____, 20____. I understand that a Nevada pest control license was required to perform pest control during this period, and that any custom pest control performed during this period was in violation of NRS 555.280 and/or NRS 555.285, and may be subject to review and enforcement.

Signature of Primary Principal

Date

AS SUBSCRIBED AND SWORN to me

This _____ day of _____, 20____

Notary Public or Authorized Nevada Department of Agriculture Representative